



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10453 and CMS-1856]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services.

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (the PRA), federal agencies are required to publish notice in the Federal Register concerning each proposed collection of information (including each proposed extension or reinstatement of an existing collection of information) and to allow 60 days for public comment on the proposed action. Interested persons are invited to send comments regarding our burden estimates or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments must be received by **[INSERT DATE 60 DAYS AFTER THE DATE OF PUBLICATION IN THE FEDERAL REGISTER]**.

ADDRESSES: When commenting, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in any one of the following ways:

1. Electronically. You may send your comments electronically to <http://www.regulations.gov>. Follow the instructions for "Comment or Submission" or "More Search Options" to find the information collection document(s) that are accepting comments.

2. By regular mail. You may mail written comments to the following address:

CMS, Office of Strategic Operations and Regulatory Affairs

Division of Regulations Development

Attention: Document Identifier/OMB Control Number \_\_\_\_\_

Room C4-26-05

7500 Security Boulevard

Baltimore, Maryland 21244-1850.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS' Web Site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>.
2. E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto:Paperwork@cms.hhs.gov).
3. Call the Reports Clearance Office at (410) 786-1326.

FOR FURTHER INFORMATION CONTACT: William Parham at (410) 786-4669.

#### SUPPLEMENTARY INFORMATION:

##### Contents

This notice sets out a summary of the use and burden associated with the following information collections. More detailed information can be found in each collection's supporting statement and associated materials (see ADDRESSES).

CMS-10453 The Medicare Advantage and Prescription Drug Program: Part C Explanation of Benefits and Supporting Regulations

CMS-1856 Request for Certification in the Medicare/Medicaid Program for Provides of Outpatient Physical Therapy and/or Speech-Language Pathology

Under the PRA (44 U.S.C. 3501-3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term "collection of information" is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA requires federal agencies to publish a 60-day notice in the Federal Register concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice.

#### Information Collection

1. Type of Information Collection Request: Reinstatement without change of a previously approved collection; Title of Information Collection: The Medicare Advantage and Prescription Drug Program: Part C Explanation of Benefits and Supporting Regulations; Use: The Medicare Advantage disclosure requirements in 42 CFR 422.111(b) sets out the authority for CMS to require that Medicare Advantage Organizations (MAOs) furnish a written explanation of benefits (EOB) directly to enrollees, in a manner specified by CMS and in a form easily understandable to enrollees, when benefits are provided under part 422. In §422.216(d)(1), all Medicare Advantage plan types that offer an M+C fee-for-service plan must provide to plan enrollees, for each claim filed by the enrollee or the provider that furnished the service, an appropriate explanation of benefits. The

explanation must include a clear statement of the enrollee's liability for deductibles, coinsurance, copayment, and balance billing. Plans must disclose the information specified in §422.111(b), as specified in §422.111(a)(3), at the time of enrollment and at least annually thereafter, 15 days before the annual coordinated election period. Form Number: CMS-10453 (OMB control number: 0938-1228); Frequency: On occasion; Affected Public: Private sector (Business or other for-profits); Number of Respondents: 468; Number of Responses: 5,616; Total Annual Hours: 74,880. (For policy questions regarding this collection contact Natalie Albright at 410-786-1671.)

2. Type of Information Collection Request: Reinstatement of a previously approved collection; Title of Information Collection: Request for Certification in the Medicare/Medicaid Program for Providers of Outpatient Physical Therapy and/or Speech-Language Pathology; Use: The form is used as an application to be completed by providers of outpatient physical therapy and/or speech-language pathology services requesting participation in the Medicare and Medicaid programs. This form initiates the process for obtaining a decision as to whether the conditions of participation are met as a provider of outpatient physical therapy, speech-language pathology services, or both. It is used by the State agencies to enter new providers into the Automated Survey Process Environment (ASPEN). Form Number: CMS-1856 (OMB control number: 0938-0065); Frequency: Annually, occasionally; Affected Public: Private sector - Business or other for-profit and Not-for-profit institutions; Number of Respondents: 350; Total Annual Responses: 350; Total Annual Hours: 88. (For policy questions regarding this collection contact Peter Ajuonuma at 410-786-3580.)

Dated: February 2, 2018.

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William N. Parham, III,

Director, Paperwork Reduction Staff,

Office of Strategic Operations and Regulatory Affairs.

Billing Code: 4120-01-U-P

[FR Doc. 2018-02433 Filed: 2/6/2018 8:45 am; Publication Date: 2/7/2018]